

fession as a whole . . . reimbursement . . . was necessary in order to protect the beneficiary . . . and yet permit any doctor not to participate in the plan directly."

R. F. BADGLEY, Ph.D.,  
Senior Member, Technical Staff  
Milbank Memorial Fund,  
New York.

S. WOLFE, M.D., Dr.P.H.,  
Medical Director  
Community Health Services,  
Medical Clinic Group,  
Saskatoon, Sask.

### GEORGES DIEULAFOY

#### To the Editor:

Under the heading *Aequanimitas* the Journal publishes weekly a very pleasant page on all kinds of subjects, medical, paramedical or otherwise, but never scientific. This is beautifully written, slyly humorous or very serious according to the subject discussed, and almost always well documented. The articles are attributed to A.D.K. I have, of course, no idea who this versatile writer is. However, from certain clues, I have decided that he must have been a student at the University of Toronto *circa* 1925.

Being myself a graduate of McGill, 1923, I know that the students of Varsity at that time had a prime occupation in life. They were expected to

"Shout and fight  
For the Blue and White  
And the honour of U of T".

With all this shouting and fighting it is quite possible that your essayist failed to hear about the great Dieulafoy whose posthumous fame must have reached even into the depths of Toronto. If he had been paying attention when MacKenzie, Klotz, Robinson, Magner, Boyd and others were trying to teach him the rudiments of pathology, I am sure that he would have heard many references to the French master. If he had been sharper at the time we would not have been confronted with his monumental ignorance as displayed in "Hands Across the Sea" (*Canad. Med. Ass. J.*, 97: 1494, 1967).

Dieulafoy was the French prototype of Osler. To the gifts of an inquisitive and hard-working mind he added those of an exquisite knowledge of all the subtleties of the French language, both spoken and written. His lectures were models of oratory, and the overflowing halls were occupied by a majority of non-medical listeners who were spellbound when he spoke and wildly applauded when he finished. His writing was of the same quality; he published innumerable articles, but his outstanding work was *Manuel de Pathologie Interne* in four volumes and 16 editions 1880-1910. Although this now is in the dim past, I still recall one chapter. He deals with the fact that a bursting appendix brings a relief of pain, while peritonitis is spreading, giving a false sense of improvement. The elegant title of this

chapter is "*L'accalmie traîtresse de l'appendicite*". How much can be said in a few words!

I was too young to know this great man. When I went to Paris in 1925 he had been dead a few years, and the centre of the stage was occupied by Vidal. But Dieulafoy was still spoken of with reverence. There is no way of knowing if the "G. Dieulafoy, interne des hôpitaux de Paris" of 1867 was the future great man, but it would be fitting if it were so. I think it altogether likely that the translator of William Caniff's paper on "Consumption in Canada" was my hero. No wonder that your contributor could not find him in the early records of the College of Physicians and Surgeons of Quebec. He stands as a link between France and Canada at a time when we thought none existed.

R. L. DuBERGER, M.D.

1054 Prospect,  
Sherbrooke, P.Q.

## AEQUANIMITAS

### QUELLE FOLIE

A recent Past President of the C.M.A., Dr. R. O. Jones, characterized his tenure as "the year of the end of political innocence". This perceptive summary was induced by the surprise and consternation of a C.M.A. delegation when, on July 19, 1965, Prime Minister Pearson proclaimed Medicare with its four inflexible conditions. Only five weeks earlier, on June 9, the high brass of The Association had been granted an audience by the Prime Minister, the Minister of Finance and the Minister of National Health and Welfare. A free-ranging discussion of health, medical education, medical research, medical services insurance and related matters had led the doctors to believe that Federal interest in health insurance was low on the priority list. This impression and conclusion was reported to the 98th Annual Meeting at Halifax, but shortly thereafter the roof fell in.

However, we had earlier exhibited signs of our political immaturity when in December, 1960, we communicated with the then Prime Minister, John Diefenbaker, to request the appointment of a Royal Commission on Health Services with a view to removing the consideration of this important matter from the political arena.

The release of Volume I of the Report of the R.C.H.S. in June 1964 shook us but we had the comforting impression that Recommendation number 1 had been reached on grounds which were studied, even rational and not at all based on partisan political considerations.

The sorry story of Medicare since that time has convinced me that little but base, cynical, vote-catching, political motives have been brought to